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PTO/SB/21 (08-00)

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2813

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/590,527
Filing Date	June 8, 2000
First Named Inventor	Salman Akram
Group Art Unit	2813
Examiner Name	J. Mitchell
Attorney Docket Number	2269-4101US (99-0572.00/US)

### ENCLOSURES (check all that apply)

- ☒ Postcard receipt acknowledgment (attached to the front of this transmittal)
- ☒ Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16
- ☐ Preliminary Amendment
- ☐ Response to Restriction Requirement/Election of Species Requirement dated
- ☒ Amendment in response to office action dated June 1, 2005
- ☐ Amendment under 37 C.F.R. § 1.116 in response to final office action dated
- ☐ Additional claims fee - Check No. in the amount of \$
- ☐ Letter to Chief Draftsman and copy of FIGS. with changes made in red
- ☐ Transmittal of Formal Drawings
- ☒ Annotated drawings showing changes (2 sheets); Replacement sheets (2 sheets)

- ☐ Information Disclosure Statement, PTO/SB/08A (08-00); ☐ copy of cited references
- ☐ Supplemental Information Disclosure Statement; PTO/SB/08A (08-00); copy of cited references and Check No. in the amount of \$180.00
- ☐ Associate Power of Attorney
- ☐ Petition for Extension of Time and Check No. in the amount of \$
- ☐ Petition
- ☐ Fee Transmittal Form
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### Remarks

The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account 20-1469 during pendency of this application.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Brick G. Power

Registration No. 38,581

Signature

Date

September 1, 2005

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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